

Brandon Township

APPROACH WIDTH VARIANCE/CULVERT REQUEST FORM

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address City, State & Zip Code

Project Address: _____
Street Address City, State & Zip Code

Phone: _____ Email: _____

Variance Request

Description: _____
Reason For Request: _____

Culvert Request

Description: _____
Reason For Request: _____

Contractor Information

Name: _____ Phone: _____

Contractor Address: _____

Disclaimer and Signature

AGREEMENT: I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I AGREE TO DO THE WORK AS DESCRIBED AND MARKED, PROVIDING ALL FINANCIAL RESPONSIBILITIES ASSOCIATED. I AGREE TO ALL TERMS OUTLINE IN BRANDON TOWNSHIP RESOLUTION 2018-9. FURTHER AGREE THAT ANY PLANS AND SPECS SUBMITTED SHALL BECOME PART OF MY PERMIT APPLICATION, AND I WILL COMPLY WITH ALL STATE, FEDERAL, COUNTY AND TOWNSHIP REGULATIONS.

I ALSO UNDERSTAND THAT THE PERMIT SHALL EXPIRE ONE (1) YEAR FROM THE DATE OF ISSUE.

Signature: _____ Date: _____

SUPERVISOR SECTION

Applicant Information

Approved: YES NO

Culvert Needed: YES NO

Reason: _____

Signatures: _____
Supervisor

Date

Supervisor

Date